

#### \*\*Incomplete Applications will not be processed\*\*

Southampton Town Code Chapter 283 Special Events requires specific material to be submitted as indicated on the application checklist provided. Chapter 283 may be accessed on the Town website at <a href="www.southamptontownny.gov">www.southamptontownny.gov</a> under the link for Town Code. As each event has a different impact on the community and town resources, you will be notified if additional materials are necessary. If a section is not applicable, indicate N/A. It is the applicant's responsibility to ensure that the application package is complete and accurate.

NO BLANKS. If the property proposed for a special event is covered by any easement or covenant of any kind, please provide a copy of all relative documents so they can be reviewed for compliance with your proposed event.

| Complete Applications MU  | JST be submitte            | ed at least 90 DAY                | S prior to the                | event.                 |
|---|----------------------------|-----------------------------------|-------------------------------|------------------------|
| NAME of EVENT   |                            | DATE(S) of EVENT                  | APPLICATION FEE (see pg.4) \$ | LATE FEE (see pg.4) \$ |
|   |                            | RAIN DATE(S) of EVI               | ENT                           |                        |
| SUFFOLK COUNTY TAX MAP NUMBER(S) 0900   | EVENT LOCA                 | TION (Note: Street number(s)      | must be posted. Town Co       | ode §286)              |
| 0900  | Street                     | Haml                              | et                            |                        |
| 0900 lot  | PARKING LOC                | CATION (if parking will take      | place offsite)                |                        |
|   | Street                     | Haml                              |                               |                        |
| APPLICANT or RESPONSIBLE OFFICER  | Charity _                  | 501(c)(3) Oth                     | er                            | <del></del>            |
| Name  |                            | City/Hamlet/Village               | State                         | e Zip                  |
| Note: If the applicant does not own the property,   | or if the owner is a Corp. | or Partnership, the endorsemen    | nt on page 9 must be su       | ıbmitted.              |
| CONTACT PERSON - If different from App  | plicant for all correspon  | dence, including permit           | Same                          | as applicant           |
| Name Mailing Address  |                            | City/Hamlet/Village               | Stat                          | e Zip                  |
| ()Email Address: Telephone  |                            |                                   |                               |                        |
| OWNER of the PROPERTY Same a  | s applicant                |                                   |                               |                        |
| Name Address  | Address - Residence        |                                   | /Village State                | Zip Code               |
| PERSON RESIDING IN SUFFOLK COUNTY, authorized to Accept Notices, Summonses or Other Violations with Respect to the Event. |                            |                                   |                               |                        |
| Same as applicant DOB   | Note: Nota                 | arized affidavit for consent of s | service on page 11 mus        | st be submitted.       |
| Name Address - Residence  |                            | City/Hamlet/                      | Village State                 | Zip Code               |
| PERSON RESPONSIBLE FOR ON SITE M  | IANAGEMENT OF TH           | IE EVENT                          | Same                          | as applicant           |
| Name Mailing A  | Mailing Address            |                                   | Village State                 | Zip Code               |
| Telephone Email address   |                            |                                   |                               |                        |
| ATTORNEY If applicable N/A  |                            |                                   |                               |                        |
| Name Em   | aail Address               |                                   |                               |                        |



Marshal prior to the event.

## TOWN OF SOUTHAMPTON 2019 SPECIAL EVENTS APPLICATION

|  | E VENT IN   | FURMATION  |                                |                              |                |
|--|---|--|--------------------------------|------------------------------|----------------|
| <b>TOTAL PEOPLE Per Day</b>                                      |   |  |                                |                              |                |
| Spectators   | Caterers  | Sound  | M                              | lusic                        |                |
| Employees  | CI C  | T  |                                | 1                            |                |
| Organizers   |   |  | E                              | xhibitors                    |                |
| Planners   | Animal Care   | Bartenders   | 0                              | Other                        |                |
| <b>DURATION</b> : day(s)   |   |  |                                |                              |                |
| DATE(S) of Event:  | //2019 to//2  | 2019 Hours of Event:   | am / pm                        | to a                         | ım / pm        |
| For events of more than one day                                  | in duration, please include addit   | ional information with regard to date  | s and hou                      | ırs of operatio              | n              |
| DATE(S) for SET UP   | DATE(S)   | for SITE TO BE CLEANED UP  |                                |                              |                |
| Please note in   | surance certificate must in   | clude coverage for set-up and  | l clean-i                      | up dates.                    |                |
| ADMISSION FEE: \$  | (Ger  | neral Admission)   |                                |                              |                |
| SPECIAL ADMISSION FEES (   | tables, groups, children, seniors,  | etc.)  |                                |                              |                |
| EVENT DESCRIPTION: Pro   | ovide website:  |  |                                |                              |                |
| <b>AND</b> please provide a description                          | on including a detailed explanation                                       | on of the purpose of the proposed eve<br>the Town Code. Additional sheets r                          | nt, the na                     | ture of the act              | tivities to be |
| carried on, the objective and nov                                | v the event is in comphance with  | the Town Code. Additional sheets i   | nay be ac                      | ided if fiecess              | ary.           |
|  |   |  |                                |                              |                |
|  |   |  |                                |                              |                |
| event and who are designated to  Town of Southampton or an organ | receive proceeds. As defined in I<br>nization that provides services or f | S OR INDIVIDUALS who will be NYS Executive Law 171, a local charging that directly benefit Southamps | <u>rity</u> is one<br>ton Town | e that has office residents. | es within the  |
| Name M   | Mailing Address   | City/Hamlet/Village  | State                          | Zip Code                     | \$Amount       |
| Name M   | Mailing Address   | City/Hamlet/Village  | State                          | Zip Code                     | \$Amount       |
|  |   | e organization shall have 90 days after<br>ce that pledges listed above were receiv                  |                                |                              |                |
|  |   | n, as defined in CH 283-1 of S   |                                |                              | <u> </u>       |
| please describe and note l                                       | now the event will <u>directl</u>   | <u>y</u> benefit a local charitable o  | rganiza                        | ation.                       |                |
|  |   |  |                                |                              |                |
|  |   |  |                                |                              |                |
| SIGNAGE  |   |  |                                | FIREWOR                      | RKS            |
| All signs should be removed v                                    |   | of the event. Flashing or moving sign  | s are                          | ъ.                           |                |
|  | prohibited, Town Code §330-   |  |                                | Date:                        |                |
| Freestanding Signs ONSITE  | Freestanding Signs OFFSIT   | ГЕ   |                                |                              |                |
| Number   | Number  |  |                                | Time:                        |                |
| Size   | Size<br>Location  |  |                                |                              |                |
| Location   |   | the Town of Southampton; include d   | ates.)                         | Location: At plan            | tach site      |
| INCIDENT ACTION PLAN   |   |  |                                | 1                            |                |
|  |   | lan with the application <b>must be</b> sub  | mitted an                      | nd approved by               | v Chief Fire   |
| 1115 mic code requires an effici                                 | some prant the includin action p  | ian with the application must be sub   | mucu an                        | ια αρρισνόα υ                | , cinciliic    |

2019 Special Events www.southamptontownny.gov 2

Plan attached: yes \_\_\_\_\_ no \_



#### SERVICE PROVIDER INFORMATION

| SECURITY COMPANY N/  |  | d, along with a valid workers comp certificate, listing and a copy of the Certificate of Liability Insurance. A |
|--|--|---|
|  |  | ndees are expected along with a security plan.  |
| Name of Firm   | Email  | Telephone   |
| Name of Firm   | Eman   | тетернопе   |
| Total number of personnel to be provided                               | Onsite Offsite   |   |
| PARKING N/A  | Attach valid workers comp certificate and certific<br>the additional insured. A signed contract must be                    | cate of insurance naming the Town of Southampton as<br>be attached if 500+ attendees are expected.              |
|  |  | ()Telephone   |
| Name of Firm   | Email  | •   |
| Maximum number of vehicles expected to                                 | on-site Total number of parking be parked at any given time at the event each day of some staff, caterers, exhibs provided | y (if more than one day)  |
| Parking after 1  | 1:00 am is prohibited on all Town roads in re  | sidential districts.  |
| CATERER/FOOD and BEVERAGE  | N/A Attach valid workers comp cert   | ificate and Suffolk County Health application   |
|  |  |   |
| Name of Firm   | Email  | ()Telephone   |
|  | no NY State Liquor Permit requi  | red if alcohol is served. Attach permit.  |
| The manufacture serves.  | TVT State Enquer Termit requir   | rea it are oner is served. Traden permit  |
| $	extbf{\emph{I}} 	extit{f}$ serving alcohol, additional insurance for | Liquor Liability is required. New York State Liquor Au   | thority ( <u>www.abc.state.ny.us</u> ) (212) 961-8385   |
| MECHANICAL RIDESN  | I/A Attach valid workers comp certific   | ate, listing Town of Southampton as cert holder.  |
| Name of Firm   | Email  | ()Telephone   |
| Name of Firm   | Elliali  | Тетерноне   |
| GARBAGE / TRASH / RUBBISH R  | REMOVAL N/A  |   |
|  |  | ()  |
| Name of Firm   | Email  | Telephone   |
| SANITARY WASTE / SEWAGE RE   | EMOVAL N/A   |   |
| Name of Firm   | Email  | ()Telephone   |
| LICENSED ELECTRICIAN (copy of  | f Suffolk County License required)   | N/A   |
| N CE'm   |  | ()  |
| Name of Firm   | Email  | Telephone   |
| WILL THERE BE AN AED ON SITE?  | YESN   | 10  |



## SUBMIT PLANS, DRAWINGS, INCLUDING HANDICAP ACCESSIBILITY, AND COMPLETE THE FOLLOWING REQUESTS FOR INFORMATION

THE FOLLOWING INFORMATION MUST BE SUBMITTED: A DETAILED MAP OR PLAN, DRAWN TO SCALE, SHOWING ALL OF THE REQUIRED ELEMENTS LISTED BELOW WITH A SUMMARY OF ITEMS INCLUDED ON MAP, AS WELL AS ALL OTHER APPLICABLE INFORMATION AND MATERIAL REQUIRED.

| AS WELL AS ALL OTHER APPLICABLE INFORMATION AND MATERIAL REQUIRED.  |
|---|
| PLEASE INDICATE BY CHECK MARK THE FOLLOWING INFORMATION WHICH HAS BEEN INCLUDED IN PLANS SUBMITTED. INSERT "N/A" IF NOT APPLICABLE. NO BLANKS.  |
| Filing Fee: Number of Set Up days Number of Event days  |
| (1) for 1 day event with less than 250 people: \$50 per event day; \$25 per set up day (2) for events occurring over more than one day and/or events with 250 - 500 people: \$150 per event day; \$75 per set up day (3) for events occurring over more than one day and/or events with 500 - 1000 people: \$300 per event day; \$150 per set up day (4) for events occurring over more than one day and/or events with 1000 - 3000 people: \$500 per event day; \$250 per set up day (5) for events occurring over more than one day and/or events with more than 3000 people: \$1,000 per event day; \$500 per set up day |
| Filing Fee, Parcels with PDD designation: (1) for 1 day event with less than 250 people: \$50 per event day; \$25 per set up day  (2) for events occurring over more than one day and/or events with 250 – 500 people: \$100 per event day; \$50 per set up day  (3) for events occurring over more than one day and/or events with more than 500 people: \$200 per event day; \$100 per set up day   |
| Late Application Fee: \$10/per day beyond the submission deadline in \$283-2B. If more than 30 days late: \$20/per day fee.  APPLICATION WILL CONTINUE TO ACCRUE LATE FEES UNTIL DEEMED COMPLETE  |
| Summonses may be issued to events that exceed the number of attendees on the permit.  |
| Any <b>amendment</b> to the application for a Special Event permit will be subject to an amendment fee of 25% of the applicable application fee. Amendments may include changes to the location, route, parking plan, number of people expected, etc. Amendments to Incident Action Plans or Parking Plans at the request of the Town are not considered amendments to the application.   |
| 2 Comprehensive Liability Insurance Policy naming the Town of Southampton, 116 Hampton Road, Southampton, NY 11968 as an additional insured in the amount of \$1,000,000. If serving alcohol, Liquor Liability Insurance naming the Town of Southampton as an additional insured will also be required. <i>Insurance coverage must include set-up and break-down time and must list the name, date &amp; location of the event under description of operations.</i>   |
| 3 Disclosure Affidavit, Owner's Endorsement, Authorization for Inspection & Indemnity, Consent of Agent for Service on pages 7 - 11, of application. GARDEN TOURS ONLY: separate form to replace 8&9.   |
| 4 Copy of current contract or agreement with property owner.  |
| Detailed Map, Plan or Sketch, Drawn to Scale, showing the following, on 8½ x 11 paper:  Location, Size and Number of the Following:  a Existing Building(s) or Structure(s)  b Proposed Temporary Building(s), Structures(s) or Trailer(s)  c All Access Roads Including Internal Circulation   |
| d Tent(s), including size, number and location. Permit required from Chief Fire Marshal for all tents greater than 200 square ft. Contact 702-2919 for more information.  e Stages, Decks, Bleachers, Platforms (If applicable certification and/or inspection)   |
| <ul> <li>f Areas of Assembly for Spectators, Vendors, Exhibitors, Employees, Organizers, Animals</li> <li>g Exits, Width(s) Specified</li> <li>h Restrooms, Including Handicap Accessibility</li> <li>i All Temporary Utilities</li> <li> Generator(s) Fuel Storage Cooking Facilities Water (Supply, Storage, Distribution)</li> </ul>   |
| j All Audio Equipment (Loudspeakers, Horns, Music, etc.) k Location of Fire Extinguishers, Location of Fire Lanes, Location of Water Supply l Dumpsters, Trash Barrels  |
| Letter from Participating Charity, confirming the anticipated donation. Non-profit organizations must show proof of 2017 donation n the form of a cancelled check 90 days after the event date.   |
| 7 Incident Action Plan. Any questions regarding this document, call the Chief Fire Marshal's Office at 702-2920 or ckraft@southamptontownny.gov   |



| is required pursuant to Town<br>validity of the facility use per<br>Please contact Parks & Recr   | n Code §111-3D. If and when bo<br>ermit is contingent upon issuance<br>reation (728-8585) for information<br>general liability, workers compen | ark, Beach or other Town-owned Property a "Facility Use Permit" oth a facility use permit and a special event permit are required, the e of the special event permit (Southampton Town Code 283-7). On regarding a facility use permit. In addition all vendors hired by issation, disability insurance and licenses required by New York |  |  |  |
|---|--|---|--|--|--|
|   | , Trash, Rubbish and Sanitary Wollection Permit (Southampton To  | aste and Sewage including dumpster location. Attach Town of own Code 205-5)   |  |  |  |
| 10 Parking Plan both onsite and delivery, passenger pick-up/o   |  | method of transport, layout, ingress and egress, loading and  |  |  |  |
| 11 Plan, drawings and locations   | for All Signs.   |   |  |  |  |
|   | (s) of lighting, overhead, ground<br>as are prohibited, Town Code 283  | etc. and number of fixtures by type (search lights, strobe lights, 3).  |  |  |  |
|   |  | nts, Easements, Indentures or Other Restrictions, Including d, Zoning Board of Appeals or Conservation Board.)  |  |  |  |
|   |  | nimals (Southampton Town Code §150-9). Contact Department of ampton Town Code §164-5). Contact Fire Prevention, 702-2919.   |  |  |  |
| 15 Copy of Sanitary, Food Service or other Health related permits issued by the Suffolk County Department of Health Service along with a valid Workers Comp Certificate listing the Town of Southampton as certificate holder. If alcohol is being served, additional insurance for Liquor License and NY State Liquor Permit is required. (See page 3) |  |   |  |  |  |
| 16 Security Company: A copy of a NY State License must be submitted, along with a valid Workers Comp Certificate listing the Town of Southampton as certificate holder and a copy of the Certificate of Liability Insurance. A signed contract must be attached if 250+ attendees are expected along with a security plan (See page 3).                 |  |   |  |  |  |
|   | f a valid Workers Comp Certifica<br>tached if 500+ attendees are expe  | ate and listing the Town of Southampton as certificate holder. ected (See page 3).  |  |  |  |
| 18 Residential Zoning Requiren  | nent, CH 283-3H.   |   |  |  |  |
| 19 Copy of Electrician's Suffolk  | County Electrician's License (Se   | ee page 3).   |  |  |  |
| PLEASE SUBMIT O   | RIGINAL APPLICAT   | TON, PLANS & ALL DOCUMENTATION  |  |  |  |
| documents and drawings attached h immediately, should there be any ma   | ereto are true and correct. I her<br>terial changes regarding the infor  | ation and all statements and information contained in the supporting<br>reby agree to provide notice in writing to the Town Clerk's Office<br>rmation submitted in this application. I hereby authorize officials and<br>ke any and all inspections necessary in connection with this Special   |  |  |  |
| Sworn to before me this   |  |   |  |  |  |
| day of  | , 2019.  |   |  |  |  |
|   |  | Name of Applicant   |  |  |  |
| Notary Public   | _  | Applicant Signature   |  |  |  |
| A false statement made herein is  | s punishable as a class A misdemeanor  | pursuant to section 210.45 of the penal law of the State of New York.   |  |  |  |
| *NOTICE: A violation of any of these punishable as the chapter provides.  | e provisions of chapter 283 perta  | aining to special events permits shall be a misdemeanor and shall be  |  |  |  |
| r prortacs.   |  |   |  |  |  |



# TOWN OF SOUTHAMPTON 2019 SPECIAL EVENTS DISCLOSURE AFFIDAVIT page 1 of 2

| STATE OF N  | IEW YORK }  |  |
|---|---|--|
| COUNTY O  | } ss:<br>F SUFFOLK }  |  |
| Print N   | being duly sworn,   | deposes and says:  |
| I am an applica<br>this affidavit is<br>a misdemeanor | ant for a Special Event permit. I make the required by General Municipal Law §80 should I knowingly or intentionally fail | is affidavit under penalty and swear to the truth herein. I am aware that 19 and Southampton Town Code Chapter 23 and that I shall be guilty of to make all disclosures herein. I am also aware that I may be subject to d I knowingly or intentionally fail to make all disclosures herein. |
|   | e at  |  |
| a.<br>b.  |   | Sec Treas  |
| 1.<br>2.  | Any official of New York State Any elected or appointed official or en of Southampton Town                                |  |
|   | O Question 3 is yes, General Municipal L<br>and event of the interest of said individu                                    | aw §809 and Town Code Chapter 23 require that you disclose the name al(s) in the applicant or owner.   |
| <u>Name</u>   | Residence   | Nature of Interest   |
|   |   |  |
| co<br>en<br>do<br>1.                                  | ntributions exceeding \$500 in total, in capployee, to any individual campaign conations on such Town official's or emplo | this application, have any of the following individuals made campaign ash or in kind, to the campaign for public office of any Town officer or committee, or to any political party committee designated to accept byee's behalf as a candidate for public office?  Yes No No                |
| 2.<br>3.<br>4.<br>5.                                  | Applicant Agent for owner or applicant Attorney Other   |  |
| If the question                                       | to Question 4 is yes, Town Code Chapte  | r 23 requires that the information be provided below:  |
| Name/Address  | Amount/Date   | Name of Campaign Committee   |
|   |   |  |
|   |   |  |
|   |   |  |



### TOWN OF SOUTHAMPTON 2019 SPECIAL EVENTS DISCLOSURE AFFIDAVIT

Page 2 of 2

| 5.          | employe<br>more? S | d any Town offic             | er or employee or<br>may be directly m | r a relative ther<br>nade, or indirect | eof invo  | ation, have any of the following individuals alving compensation in an amount of \$500 or through a corporation or business interest held |
|-------------|--------------------|------------------------------|--|--|-----------|---|
|             |                    |                              |  | Yes                                    | No        |   |
|             | a. Own             |                              |  |  |           |   |
|             | b. Appl            | ıcant<br>ıt for owner or app | olicant                                |  |           |   |
|             | d. Attor           | * *                          | pricant                                |  |           |   |
|             | e. Othe            | -                            |  |  |           |   |
| If the an   | swer to Que        | estion 5 is yes, T           | own Code Chap                          | oter 23 requires                       | s that th | e information be provided below:  |
| <u>Name</u> |                    | Position (Own                | er, Agent, Attorne                     | ey, Other)                             |           | Corporation   |
|             |                    |                              |  |  |           |   |
|             |                    |                              |  |  |           |   |
|             |                    |                              |  |  |           |   |
|             |                    |                              |  |  |           |   |
|             |                    |                              |  |  |           |   |
|             |                    |                              |  | Applicant Sign                         | ature     |   |
|             |                    |                              |  |  |           |   |
| Sworn to    | before me          |                              |  |  |           |   |
|             | day of             |                              | , 2019.                                |  |           |   |
|             |                    |                              |  |  |           |   |
|             | Notary Pı          | ublic                        |  |  |           |   |
|             | Notary             | ione                         |  |  |           |   |
|             | A                  | FALSE STATE                  | MENT MADE I                            | HEREIN IS PU                           | JNISHA    | ABLE AS A CLASS "A"   |
|             | MISD               | EMEANOR PU                   |  |  |           | THE PENAL LAW OF THE  |
|             |                    |                              | STATI                                  | E OF NEW YO                            | ORK       |   |
| I           | For the purpo      | oses of this disclos         | sure, an official of                   | the State of Ne                        | w York    | or an elected or appointed official or  |
|             | 1 0                |                              | *                                      |  |           | est in the applicant and/or owner when that   |
| C           | official or em     | ployee, their spou           | ise, brothers, siste                   | ers, parents, chil                     | dren, gra | andchildren or the spouse of any of them is:  |
|             | a. t               | he applicant or ow           | vner; or                               |  |           |   |
|             |                    | n officer, director          |  | oyee of the appl                       | licant or | owner; or   |
|             | c. I               | egally or benefici           | ially owns or cont                     | trols stock of a                       |           | e applicant or owner, or is a member of a   |
|             |                    | artnership or asso           | * *                                    |  |           | . 1. 1 1 1 .1 601   |
|             |                    |                              |  |  |           | ess or implied, whereby said official or er or not for services rendered, dependent or  |
|             |                    |                              | * * *                                  |  |           | Ownership of less than five percent of the  |

2019 Special Events www.southamptontownny.gov

not constitute an interest for the purposes of this disclosure.

stock of a corporation whose stock is listed on the New York Stock or American Stock Exchange shall



# TOWN OF SOUTHAMPTON 2019 RECORD OWNER'S ENDORSEMENT Page 1 of 1

## IF MORE THAN ONE OWNER, A SEPARATE PAGE MUST BE SIGNED AND SUBMITTED BY EACH PROPERTY OWNER

| STATE OF NEW YORK}  |   |
|---|---|
| }ss:<br>COUNTY OF SUFFOLK}  |   |
| I,please print nan  | , being by me duly sworn,   |
| deposes and says,   |   |
| I am: (check one)   | <ul> <li>a part owner in fee</li> <li>the sole owner in fee</li> <li>an officer of the corporation which is the owner in fee</li> </ul>   |
| of the premises described in the fore   | going Application.  |
| I reside at   |   |
| Town/City   | State Zip Code  |
| foregoing Application to the Chief Fi<br>provided and attached all required<br>including, but not limited to, coven | to make the ire Marshal for a Special Event Permit as described, herein. I have documentation regarding applicable protective legal measures, eants, easements, indentures or other restrictions placed on said Southampton Town Board, Planning Board, Zoning Board of |
|   | Signature of Property Owner   |
|   | (If Owner is a corporation, please indicate name of corporation and title of corporate officer whose signature appears above)   |
| Sworn before me this  |   |
| day of, 20  | )19.  |
| Notary Public   |   |



#### TOWN OF SOUTHAMPTON 2019 AUTHORIZATION FOR INSPECTION AND INDEMNITY AGREEMENT

Property Owner Page 1 of 1

### IF MORE THAN ONE OWNER, A SEPARATE PAGE MUST BE SIGNED AND SUBMITTED BY EACH PROPERTY OWNER

| STATE OF NEW YORK} }ss:   |   |
|---|---|
| COUNTY OF SUFFOLK}  |   |
| I,  | , being by me duly sworn  |
| please print  | name  |
| deposes and says: I am the Owner of the   | ne Property located at:   |
|   | and that I have authorized Officials and Employees of the Town o make all inspections necessary in connection with this Special   |
| Owner voluntarily agrees to indemnify and agents harmless from and against a  | nce by the Town of a Special Event Permit on the Property, the and hold the Town of Southampton and its officers, employees, any and all losses, liabilities, damages, or costs sustained by any operty damage arising out of, or as a consequence to the Special   |
| Event.  |   |
| The undersigned further agrees to inde and agents from and against any and a upon, incurred by or asserted against t which result in damage or injury of any  | all losses, liabilities, damages, or costs which may be imposed<br>he Town by reason of any act of omission of the undersigned,<br>y kind to any person or any property and which arises out of or  |
| The undersigned further agrees to inde and agents from and against any and a upon, incurred by or asserted against t which result in damage or injury of any  | mnify and hold harmless the Town and its officers, employees, all losses, liabilities, damages, or costs which may be imposed he Town by reason of any act of omission of the undersigned, y kind to any person or any property and which arises out of or ermitted by this permit.  Signature of Property Owner  |
| The undersigned further agrees to inde and agents from and against any and a upon, incurred by or asserted against t which result in damage or injury of any  | all losses, liabilities, damages, or costs which may be imposed he Town by reason of any act of omission of the undersigned, y kind to any person or any property and which arises out of or ermitted by this permit.   |
| and agents from and against any and a<br>upon, incurred by or asserted against t  | all losses, liabilities, damages, or costs which may be imposed he Town by reason of any act of omission of the undersigned, y kind to any person or any property and which arises out of or ermitted by this permit.   |
| The undersigned further agrees to inde and agents from and against any and a upon, incurred by or asserted against t which result in damage or injury of any  | all losses, liabilities, damages, or costs which may be imposed he Town by reason of any act of omission of the undersigned, y kind to any person or any property and which arises out of or ermitted by this permit.  Signature of Property Owner  (If Owner is a corporation, please indicate name of corporation and title of corporate officer whose                            |
| The undersigned further agrees to inde and agents from and against any and a upon, incurred by or asserted against t which result in damage or injury of any is any way connected with the event pe | All losses, liabilities, damages, or costs which may be imposed the Town by reason of any act of omission of the undersigned, by kind to any person or any property and which arises out of or ermitted by this permit.  Signature of Property Owner  (If Owner is a corporation, please indicate name of corporation and title of corporate officer whose signature appears above) |



# TOWN OF SOUTHAMPTON 2019 Affidavit-Consent of Agent for Service Page 1 of 1

| STATE OF NEW YORK}   |   |
|--|---|
| }ss<br>COUNTY OF SUFFOLK}  | i:  |
| I,   | , by me being duly sworn, deposes and says, I reside at   |
| No   | ,, State of New York,   |
| Street   | ,, State of New York,<br>Town/City  |
| instruments of any kind, including   | pt service by mail to the above address, of any and all papers and g, but not limited to orders, civil summonses and complaints, motions ance tickets and/or criminal summonses for any matters arising out of  |
|  | Special Event occurring   |
| on or about  | , 2019.   |
| My date of birth is  | , my telephone number is, and my mailing  |
| address if different than my stree   | t address, is,  |
| address, if different than my stree  | , t uddi 655, 15  |
| Town/City  | _•  |
| requirements of the New York St<br>Laws and Rules. Furthermore, by<br>of the Southampton Town Justice<br>with any and all legal action that the<br>aforementioned Special Event. | is document I am affirmatively waiving the requisite personal service tate Criminal Procedure Law and the New York State Civil Practice executing this document, I hereby consent to the personal jurisdiction Court and the Supreme Court for the State of New York in connection the Town of Southampton commences arising out of or relating to the In addition, I hereby waive any and all jurisdictional defects and/or out of or relating to the subject Special Event. |
|  | Applicant Signature   |
|  | Applicant Signature   |
| Sworn to before me this  |   |
| day of, 20   | )19.  |
| Notary Public  |   |
| motary Fublic  |   |



### TOWN OF SOUTHAMPTON 2019 INDEMNITY AGREEMENT

Applicant Page 1 of 1

| STATE OF NEW YORK}  Ss:  COUNTY OF SUFFOLK}  |   |
|--|---|
| Pursuant to Town Code §283-11, this Agre and between the Town of Southampton (he (hereinafter "Applicant"):  | rement is made this day of, 2019 by ereinafter "Town") and  |
| and against all liabilities, fines, penalties, a losses, costs, expenses, suits or actions included defend the Town in any suit including apperent fees for defense of such suit arising out of the su | cials, members, agents, invitees and employees, from ctions, damages, claims, demands, judgments, luding reimbursement of attorney's fees, and shall eals, or at the Town's option, pay reasonable attorney's the acts or omissions or negligence of the tensees, agents, employees, invitees or subcontractors   |
| the Special Event and shall be solely responsaccidents in person or property and thereby harmless the Town of Southampton and its actions, losses, damages or injuries to person the operation of the Special Event. The risk furniture, fixtures, equipment or other person employees or its subcontractors shall be both The Applicant waives any right to subrogate   | ntained herein, assumes all risks in the operation of nsible and answerable in damages for all injuries and of covenants and agrees to defend, indemnify and save officials, employees and agents from all claims, suits on or property, whether direct or indirect arising out of cof loss, damage or destruction from any peril to the onal property of the Applicant or its invitees, orne by the Applicant.  The tion against the Town for loss, damage or destruction dipment or other personal property of the Applicant. |
|  | Applicant Signature   |
| Sworn to before me this  |   |
| day of,  | 2019.   |
| Notary Public  |   |